



School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana

APPLICATION FOR ADMISSION
BIOMEDICAL SCIENCE MASTERS PROGRAM

Please Type or Print

Name: Last Name First Name Middle Initial
Social Security No.: U.S. Citizen? Yes No Male Female Veteran? Yes No
Date of Birth / / Place of Birth

Note: The questions in this section are voluntary. Your response will not affect our consideration of your application for admission.

Hispanic or Latino? Yes No
Check which apply: American Indian/Alaska Native Asian African American
Native Hawaiian/Other Pacific Islander Caucasian

When do you wish to enter? Fall (July/August) Spring (January) Summer (May) Year:

Mailing Address @ School: Street City State / Country Zip

Permanent Address: Street City State / Country Zip

Preferred telephone contact E-mail address

Have you received a degree from a College or University? Yes No If Yes, list all colleges attended:

Table with 4 columns: Name of College, City & State, Month & Year, Degree. Rows 1-4.

What will be your LSUHSC department? Cell Biology Biochem Micro Pharm Phys

Have you taken the Graduate Record Exam (GRE)? Yes No If no, when do you plan to take it?

If yes, complete the following for each time the test was taken:

Table with 7 columns: Date Taken, Verbal Score, %tile, Quantitative Score, %tile, Analytical Score, %tile. Rows 1-2.

What is your overall grade point average (on a 4.0 point scale)? Undergraduate Graduate

Have you ever been suspended for scholastic deficiency or disciplinary reasons from any college or university?

Yes No **If yes, explain on a separate page.**

Have you ever been convicted of a felony? Yes No **If Yes, explain on a separate page.**

Are you currently under indictment for a felony? Yes No **If Yes, explain on a separate page.**

If you are an International Student and English is not your primary language, have you taken the Tests of English as a Foreign Language (TOEFL)?

Yes What was your score? _____ No When will you take it? _____/_____/_____

Briefly describe your current career goals and explain why you think going to graduate school will help you attain these goals.
Use an additional sheet if necessary.

Certificate

I certify that to the best of my knowledge, the information given on this application is correct and complete. I understand that if it is later found out to be otherwise, my application may be rejected, or in the event that I am enrolled, I may be subject to dismissal from the University.

Date

Signature

In addition to this application form, you are required to provide official transcripts from all colleges and universities attended, official Graduate Record Examination Scores, official T.O.E.F.L. scores (if applicable), letters of recommendation from two former or present professors.

Sandra C. Roerig, Ph.D.
Dean, School of Graduate Studies
Louisiana State University Health Sciences Center
1501 Kings Highway
Shreveport, Louisiana 71103